

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

FEB 8 1937

Registration District No.

Primary Registration District No.

(No. Isolation Hospital

791

1003

File No.

Registered No.

St.

Ward)

3312

340

2. FULL NAME

(a) Residence, No. 3644a Louisiana Ave. St.,

(Usual place of abode)

16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

6/1/1891

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

13. NAME

John G. Ulmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Julia Michael

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

S. Grady Isolation Hospital

18. BURIAL, CREMATION, OR REMOVAL

St. Paul Churchyard Jan. 11 - 1937

19. UNDERTAKER (ADDRESS)

Wacker-Helderle 2331 S. Broadway

20. FILED

JAN 9 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1/7 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/15/1936, to 1/7/1937

I last saw her alive on 1/7, 1937 Death is said to have occurred on the date stated above, at 11/35 m. A.M.

The principal cause of death and related causes of importance were as follows:

Chronic pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

CHRONIC tuberculous laryngitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

